WISCONSIN STATE LEGISLATURE

11TH ASSEMBLY DISTRICT

JASON M. FIELDS

STATE REPRESENTATIVE

For the Assembly Committee on Education

Regarding AB 259 –Sideline for Safety Act

October 4, 2011

I would like to thank Rep. Kestell for scheduling a public hearing on AB 259 the Sidelined for Safety Act.

Concussions among professional athletes get a great deal of attention, but studies have found it is the young athlete who is more susceptible to the effects and often take longer to recover from a concussion.

I am pleased to be the author of a bill to increase awareness and put policies in place to help coaches, parents and athletes manage concussions and brain injuries. This bill can save lives and prevent long-term injury.

The bill has three principal elements:

To inform and educate: The bill directs DPI and the Wisconsin Interscholastic Athletic Association to develop guidelines and information for coaches, youth athletes and their parents or guardians about the risk of concussion and head injury in sport. Youth athletes and their parents or guardians must sign and return a concussion and head injury form prior to the initiation of practice or competition.

Removal from play: A youth athlete who is suspected of sustaining a concussion or head injury in an athletic practice or game is to be removed from the practice or game immediately.

Return to play: A youth athlete who has been removed from practicing or playing in a game is prohibited from returning to play until he or she is evaluated by a health care provider who has been trained in the evaluation and management of concussion and head injuries and receives a written clearance to do so from the health care provider.

The bill covers all organized athletic activities for athletes 11 years old and less than 19 years old including public and private school sports and youth associations and clubs.

There is no cost to the bill and no mandates on school districts or youth athletic associations or clubs. Free information is available online from the WIAA.

Thank you for the opportunity to testify.

Jason M. Fields

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Wisconsin Physical Therapy Association
A CHAPTER OF THE AMERICAN PHYSICAL THERAPY ASSOCIATION
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October 4, 2011

Assembly Committee on Education,

Thanks for providing me with the opportunity to speak at today's hearing on AB259, which deals with the management of concussions in youth sports.

On behalf of the Wisconsin Physical Therapy Association and its 2,200+ members, I rise in opposition to the legislation as drafted. Before outlining my specific concerns, I want to emphasize that we agree with the concept of what this legislation seeks to do, which is to maximize the health of youth athletes in Wisconsin. We want to support this type of legislation.

However, in our scope of practice, Wisconsin law currently allows physical therapists to manage patients following a concussion.

To be specific, Wisconsin Statute 448.50 (4) (a) states that "Physical therapy" means, except as provided in par. (b), any of the following:

1. Examining, evaluating, or testing individuals with mechanical, physiological, or developmental impairments, functional limitations related to physical movement and mobility, disabilities, or other movement-related health conditions, in order to determine a diagnosis, prognosis, or plan of therapeutic intervention or to assess the ongoing effects of intervention. In this subdivision, "testing" means using standardized methods or techniques for gathering data about a patient.
2. Alleviating impairments or functional limitations by instructing patients or designing, implementing, or modifying therapeutic interventions.
3. Reducing the risk of injury, impairment, functional limitation, or disability, including by promoting or maintaining fitness, health, or quality of life in all age populations.

Furthermore, Wisconsin Statute 448.56 (1) states, in part that "Written referral is not required if a physical therapist provides services related to athletic activities, conditioning, or injury prevention."

Put simply, Wisconsin state statute currently allows physical therapists to function in this capacity, and physical therapists in Wisconsin already practice by identifying concussions in athletes and making determinations about the ability for athletes to return to play. The proposed legislation limits our scope of practice without any clear reasoning or purpose, and for this reason, the WPTA strongly believes that physical therapists need to be included. Physical therapists across the state work and volunteer their time on the sidelines and in sports medicine

settings, and in doing so, these physical therapists need to continue to have a role in the management of athletes who have a suspected or confirmed concussion.

The management of a concussion involves a continuum of care, which includes prevention, detection, rehabilitation, and return to participation in activity. WPTA believes that concussions should be evaluated and managed by a multidisciplinary team of licensed health care providers that includes a physical therapist. Concussions are complex injuries that can have diverse effects on the individual. As such, the management of concussions does not completely fall within the expertise of any single health care discipline, but instead benefits from the expertise of several different disciplines including, but not limited to, physical therapy, neurology, neuropsychology, and athletic training.

As a result, we advocate for language that removes a specific list of professionals that may clear an athlete for return to play and instead states the following: "If signs, symptoms, and behaviors of concussion are present, the individual should be prohibited from further participation until he or she is evaluated by and receives written clearance for return to participation from a licensed health care provider trained in the evaluation and management of concussion."

However, if this committee and the Assembly intend to list specific professionals then physical therapy should be included. In regards to other professionals, the WPTA believes that any profession that has the ability to participate in concussion management within their current scope of practice should be included. Otherwise, a specific profession should be excluded. This legislation should not be written to restrict or expand scope of practice.

One of the concerns we've heard raised is that <u>all</u> physical therapists do not have the education and training to identify and clear athletes for return to play who have suspected or confirmed concussions. This rationale is fundamentally flawed. After all not all physical therapists work in this setting or with these types of patients or athletes. This is true for other providers, including all of the professions listed in the legislation, which currently include "physician, physician assistant, advanced practice nurse prescriber, or an athletic trainer." It is worth pointing out that the WPTA is not opposed to these professionals being listed; instead, the WPTA believes this any list should be more inclusive.

To further support our position, please consider the following: the Commission on Accreditation of Physical Therapist Education (CAPTE) is the sole entity responsible for determining physical therapist educational program criteria. CAPTE minimum required skills of physical therapist graduates at entry-level include screening, examination, evaluation, diagnosis, prognosis, plan of care, intervention and outcomes assessment throughout the lifespan. Skills relating to evaluation and treatment of concussion/brain injuries include:

- Systems review screening of general health status (nausea, vomiting, dizziness, lightheadedness, numbness, paresthesias, weakness, mentation, cognition);
- Tests and measures of central neurological system function including arousal, attention and cognition;
- Tests and measures to characterize or quantify arousal, attention, orientation, processing and registration of information, retention and recall, and communication/language.

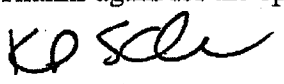
To obtain a license in the State of Wisconsin every physical therapist must graduate from a CAPTE accredited physical therapy school and pass the National Physical Therapist Examination (NPTE). The Federation of State Boards of Physical Therapy administers the NPTE. The NPTE examination outline pertains to concussion/brain injuries under: Foundations for Evaluation, Differential Diagnosis and Prognosis. This category refers to the diseases and conditions of neuromuscular/nervous system in order to ensure the appropriate and effective patient/client treatment and management decisions across the lifespan. This includes diseases/conditions of the nervous system (Central Nervous System or CNS, Peripheral Nervous System or PNS, Autonomic Nervous System or ANS), differential diagnoses related to pathologies of the nervous system (CNS, PNS, ANS), diseases or conditions of the nervous system (CNS, PNS, ANS) in order to make effective treatment decisions, diagnostic imaging of the neuromuscular/nervous system, medical management of the neuromuscular/nervous system (e.g., surgical procedures, medical tests). The examination also includes the category of Safety, Protection, & Professional Roles. This includes factors influencing patient/client safety and emergency preparedness (e.g., CPR, first aid, disaster response).

In addition, The Guide to Physical Therapist Practice (American Physical Therapy Association, 2001) describes the practice pattern for diagnosis and treatment of impaired motor function and sensory integrity associated with non-progressive disorders of the central nervous system—acquired in adolescence or adulthood. This practice pattern specifically includes concussion, fracture of the skull, cerebral laceration and contusion, subarachnoid, subdural, and extradural hemorrhage following injury, and intracranial hemorrhage following injury.

Numerous opportunities also exist for licensed physical therapists to acquire additional post-graduate work in the area of concussions. These include:

- APTA credentialed residency and fellowships in the field of Sports Medicine, which includes the Gundersen Lutheran Medical Foundation Sports Physical Therapy Residency Program in La Crosse as well as the development of a residency at the University of Wisconsin Hospital and Clinics in Madison;
- Continuing education (CE) courses offered by numerous providers, including the Sports Section of the American Physical Therapy Association as well as other professional organizations and societies;
- Coursework and work experience that leads to becoming Sports Certified Specialist (SCS), which is obtained through the American Board of Physical Therapy Specialties after passing a written examination that tests the application of advanced knowledge and clinical skills identified in the book *Sports Physical Therapy: A Description of Specialty Practice*.

Thanks again for the opportunity to offer this testimony.



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WISCONSIN ATHLETIC TRAINERS' ASSOCIATION

To: Members of the Assembly Committee on Education

From: Ryan Wilkinson, President, Wisconsin Athletic Trainers' Association

Date: October 4, 2011

Re: AB 259

Thank you for the opportunity to appear before you today. My name is Ryan Wilkinson and I am the Director of Clinical Education in the Athletic Training Education Program at UW-Milwaukee. I also serve as President of the Wisconsin Athletic Trainers' Association (WATA).

The WATA is a professional membership association representing licensed athletic trainers and others who support the athletic training profession in Wisconsin, serving approximately 1100 athletic trainers and athletic training students. Athletic trainers are licensed health care professionals who collaborate with physicians working towards the prevention, diagnosis, treatment, and rehabilitation of emergency, acute, and chronic medical conditions and injuries. In Wisconsin, athletic trainers are licensed under Ch. 448 of the Medical Practice Act. I am here today to represent our organization regarding AB 259.

We would like to thank Representative Fields, Senator Darling, and Representative Kuglitsch for bringing up this important issue, and authoring bills accordingly. We would like to thank the members of this committee for hearing testimony on this bill today.

As athletic trainers, we are specifically trained in the evaluation and management of concussions and other head injuries. While we support the concept of this bill, we feel that adding a few items to the bill would strengthen it considerably, ultimately making it more effective. While concussions have received the majority of attention recently, there are other, more deadly problems in youth sports today. In 2010, there were 50 deaths in youth sports nationally, and only 3 were attributed to brain injury. There are other athlete safety issues that need immediate attention as well.

For example, last spring at Brillion High School, near Green Bay, a track athlete tragically collapsed and died during track practice, suffering from cardiac arrest. The athletic trainer was not on site at this practice, as he was covering another event. Fortunately, that athletic trainer had prepared a comprehensive emergency action plan, directing those involved to the appropriate action. An initial assessment was performed, 911 called, CPR was administered, and an AED was on site in minutes, prior to EMS arrival. Unfortunately, the injury was fatal, but the parents

of this athlete know that everything was done appropriately to give that athlete the best chance for survival.

Unfortunately, not every school has access to an athletic trainer, and may not be as prepared. National statistics indicate that only 40% of high schools have access to an athletic trainer. Of those that do, some schools with limited access will not be as prepared as Brillion High School was, to handle a catastrophic injury. This only relates to high schools with appropriate health care coverage. Few, if any, youth leagues provide any medical coverage whatsoever. This means that coaches, administrators, officials, and/or parents may often be the first to respond to an injury.

To address this need, we feel that additional areas of education should be included with this bill. In addition to concussions, we suggest including information regarding other catastrophic injuries and conditions inherent to athletic activities and exercise (heat illness, cardiac arrest, etc.), as well as requiring the establishment of an emergency action plan. Coaches may be the first to respond to a catastrophic injury, and they should be educated and prepared enough to handle that appropriately. Sometimes calling 911 is not enough. EMS response times can vary significantly across the state, and the first few minutes following a catastrophic injury are often the most important. These adjustments to the bill would set Wisconsin apart as a national leader in athlete safety legislation such as this.

The Wisconsin Athletic Trainers' Association would be more than willing to assist in the process of developing the educational guidelines and other information outlined in this bill.

Finally, we have numerous letters from athletic trainers across the state supporting our stance on this bill, including Roger Caplinger, Head Athletic Trainer with the Milwaukee Brewers; Pepper Burruss, Head Athletic Trainer with the Green Bay Packers; and Mark Gibson, Program Director, also credentialed as a Physical Therapist, at UW-LaCrosse and a member of the National Athletic Trainers' Association Board of Directors.

Again, thank you very much for your time in hearing our position on this bill. I would be happy to address any questions at this time.

Sincerely,

Ryan D. Wilkinson
President
Wisconsin Athletic Trainers' Association
president@watainc.org

WASN

Wisconsin Association of School Nurses

Testimony to the Assembly Committee on Education on Assembly Bill 259

Ann Riojas, President
Wisconsin Association of School Nurses

October 4, 2011

My name is Ann Riojas. I am a nursing supervisor with the Milwaukee Public Schools and President of the Wisconsin Association of School Nurses (WASN). On behalf of WASN, I would like to thank you for the opportunity to testify regarding Assembly Bill 259, relating to concussions and other head injuries sustained in youth athletic activities.

WASN agrees with the authors of AB 259 that concussions and head injuries are a serious problem confronting the youth of our state and nation. While we applaud you for your willingness to work to address this problem, we believe it is essential that some important additions be made to the bill in order to ensure the health and safety of Wisconsin school children.

The legislation should be amended to require the following:

1) The school nurse be notified within 24 hours (on school days) of a student who has sustained a concussion.
2) The school nurse be part of the educational team instructing coaches on concussion and post-concussion follow-up.

School nurses play a vital role in managing the health care needs of their school populations. It is very important for school nurses to be made aware of serious health issues like concussions and that they are part of instructional teams that have an impact on student health.

WASN will be happy to work with the authors of the bill on specific language that will be included in an amendment. Thank you.

My name is Glenda Greenwood and my son's name is Justin Greenwood.
We are 100% in favor of the 2011 Assembly Bill 259 that addresses concussions in youth sports in Wisconsin.

We have been strong advocates for concussion awareness and brain injury education as well as prevention since Justin's injury 0n September 27th 2003. It was on this day that our lives would change forever and we would be thrown into a terrifying world of fear and uncertainty: brain injury recovery. On that brisk fall day Justin was doing what he loved best, playing football for the University of Wisconsin Eau Claire. They were playing a game against the University of Wisconsin River Falls at River Falls. Two and a half minutes before the half, Eau Claire had just scored their 2nd touchdown. Justin was charging down the field on the kick off and made contact with another player. Unfortunately Justin was critically injured on this play. He went to the huddle and lined up in the wrong position. He asked what happened to him. Then he ran off the field was motioning his hands around his head. He squatted down. The next thing I knew he laid back and the trainer laid him on the ground. He was unconscious/ non-responsive. I realized that the situation was serious. I ran down to the field, hopped the fence and ran over by Justin. He had stopped breathing and was turning blue. I could tell the physician on site was trying to figure out what was happening. The ambulance had been called and as soon as they arrived they intubated Justin, started getting oxygen to his brain. Another cause of his brain damage was anoxia- Lack of oxygen to the brain. Justin was transported to River Falls Hospital and then airlifted to St Paul Regions Hospital, who had a nationally ranked head trauma unit (#2). That and a 7 minute helicopter ride gave Justin a little better chance for survival. When he arrived in the ER the doctors tested him to see how severe his injury was. It was severe! They almost didn't do the surgery to remove the right side of his skull, but Justin responded to the light a 2nd time so they went ahead with the surgery. I can't even let myself think about what might have happened had they decided not to do the surgery. At that point Justin was very close to death. All I knew and believed in my heart was that my son was going to live and I would do whatever it took to get him back the quality of life he deserved. The rest of the story is an 8 year journey to where we are right now.

What the doctors think Justin may have had was 2nd impact syndrome. This is a condition in which the brain can swell rapidly after a person suffers a second concussion before the symptoms of a first concussion have subsided.

The vascular system in Justin's brain had been weakened by the repeated concussions. The routine tackle he was involved in caused a subdural hematoma, which is a severe brain injury in which there is bleeding on the brain.

The reason we support this bill is because we want to prevent others from going thru the life changing challenges we have experienced and educate coaches, parents athletes and trainers about the signs of concussion and the dangers of prematurely returning to play or practice. We are not trying to put limitations on the game or discouraging athletes from being involved in a sport they are passionate about. Plain and simple, we need to protect the developing brains of our youth athletes.

Thank you for proposing this bill and thank you for letting us tell our story and explain why this bill is so important to us.

Sincerely,
Glenda and Justin Greenwood

To: Assembly Education Committee
From: Mark Gibson, MS, AT, PT
Director, Athletic Training Program, University of Wisconsin – La Crosse
District Director, District IV
National Athletic Trainers' Association, Board of Directors
Date: October 3, 2011
Re: AB 259

Thank you for the opportunity to write to you regarding AB 259 introduced to the Assembly on September 15, 2011. I have educated future athletic trainers for over 30 years and recognize this legislation as an important youth safety and health care issue.

We have learned more about mild traumatic brain injury (MTBI) in the last 6 years than we knew in the previous 50 and as a result now understand the significance of "getting your bell rung". Research nationwide has disclosed the real and significant threat of death by second impact for youth under the age of 18. In most parts of Wisconsin, these are the exact athletes without proper care available to them on the sidelines and in the gyms of our schools.

Athletic Trainers have a unique set of skills related to the recognition, evaluation and return to activity decisions of patients who have suffered concussions. A team approach with medical doctors, school administrators and teachers is utilized and supported by athletic trainers. My physical therapy training prepared me well to recognize, evaluate, and treat patients who had suffered severe traumatic brain injuries (such as those sustained in motor vehicle accidents), however, it did not prepare me to diagnosis and categorize MTBI. These are skills I have learned as an athletic trainer. MTBI's may have nearly imperceptible changes to a victim's behavior and consciousness level. Athletic Trainers are educated and trained to recognize and evaluate MTBI's.

I am particularly supportive of AB 259 because it recognizes the need to educate coaches, parents, and youth athletes of the signs, symptoms and risks of concussion. I am also very supportive of the provision for immediate removal of a youth athlete who is suspected of sustaining a concussion and that mandatory written clearance is obtained by a health care provider who has been trained in the evaluation and management of mild traumatic brain injury.

I would encourage the authors of the bill to work closely with the Wisconsin Athletic Trainers' Association to enhance these provisions of the bill. Athletic Trainers have been primarily involved in bringing youth sport safety initiatives, especially concussions, to the forefront of the public's consciousness. For additional information I would offer the following references:

http://sph.sagepub.com/content/1/5/361.full

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2865966/pdf/i1062-6050-45-3-273.pdf

http://sportconcussions.com/html/Zurich%20Statement.pdf

If I can be of further assistance, please do not hesitate to contact me. Thank you for your time and consideration during the hearing and throughout your deliberations.

10/4/11 Tues

Bill #259

Head injuries in kids
11-19 years old.

Pamela A. Blair
198 S. Fair Oaks
Madison WI 53704
gemini_landscape@Yahoo.com

RM 417 North
State Capitol

RE: Bill #954 10/4/11

Hi — I AM Pamela A. Blair — (1)

During my speech here I use the words concussion & Brain injury synonomously.

I played competitive womens Ice Hockey, Fast-Pitch Softball, Tennis & Basketball For 35+ years. Ice Hockey being my Favorite.

I AM one of the Female Pioneers OF Ice Hockey.

ON Jan 1ST 2003 I sustained a concussion playing POND Hockey on Lake Wingra. ~~That~~ concussion is still with me Today!

I have had To LEARN To Spell again, go THRU therapy To Regain my short TERM MEMORY and Retrain my BRAIN To do things That were 2nd NATURE TO Me, PRIOR To My BRAIN injury. I AM still involved in physical therapy & speech therapy.

My competitive Ice Hockey CAREER ~~is~~ NO Longer is a PART OF MY LIFE Today. Ice Hockey is, and will always be one of My Passions.

I have Learned

From, Drs., Therapists and others in the TBI world that I had most likely sustained many concussions in the form of "Bell Ringers" or "Seeing stars" (from playing Ice Hockey) Today, I still struggle to live a fulfilling life. My brain injury affected my "executive functions". I use to own & run a Landscape company with 10-12 employees. I can no longer do that because my multitasking skills are diminished.

My Brain gets fatigued
Very quickly from noise, ~~[illegible]~~ trying to
organize things, decision making,
multitasking & more.
I cannot listen to music endlessly
as I did before! Even Barbara Streisand
and the Carpenters can only be handled
in very small doses.
Iam on Medication, Ive lost
all of my previous friends, and
Badger care is the only Medical insurance
I qualify for.
I try to survive doing Landscaping
on my own, on a very small scale. Fortunatly
my Brain Injury did not damage my
creativity.

also, I use to coach Ice Hockey and SOFTBALL. I AM UNABLE To do that now due to my Brain injury. What was once a very fulfilling life is now a LIFE of "Live in the Moment, AND use my Brain injury STRATEGIES To get thru EACH Day.

I Believe that <u>everyone</u> should have the opportunity to Participate in any SPORT He/she chooses. I also know that a Brain injury can affect a Person for a day, a month, a year or a Lifetime. <u>We</u> all need to Realize that <u>CONCUSSIONS</u> EXEMPT NO one, and a Person 11-19 yrs old

needs to Have educated Adults that are Looking out FOR them in the Long Term

Its NOT ABOUT Winning or Losing— ITS ABOUT Participating. It is FAR Better To SIT OUT 2, 3, or 4 games, than To have To SIT OUT, 2, 3, 4 years or a LIFETIME due To Repeated concussions &/or improper Medical Attention.

I've Lost a LOT in the Last 8 years since my Brain injury— I've also Learned a LOT about concussions, and have met wonderful people from all walks of life with Brain injuries.

I'm fortunate to be able to share my STORY of my Brain Injury with schools, Drs., Therapists and now with all of you. In a way I think I am a "Lucky Puck."

Please, Pass this Bill #259. Lets All get educated on concussions, Brain Injury, TBI and Lets set examples FOR OUR Kids on Proper Medical care during & after a concussion.

Remember — concussions EXEMPT NO ONE!

BRAIN INJURY ASSOCIATION OF WISCONSIN

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October 4, 2011

Committee on Education and Representative Steve Kestell, Chair
Relating to: Assembly Bill 259

Representative Kestell and the Committee on Education, my name is Lori Schultz and I am the Director Programs and Services for the Brain Injury Association of Wisconsin. As a representative of the Brain Injury Association of Wisconsin I am here in support of Assembly Bill 259, which states that an athlete suspected of sustaining a concussion must be removed immediately from practice or play and cannot return until he or she is evaluated and cleared to return to play by an appropriate health care provider. A great majority of athletes will be able to return to play but it is very important that they be symptom free and return in the safest manner possible.

As a supporter we would like to suggest that the age range of at least 11 to under 19 years of age be extended to include any youth athlete participating in an organized sport. As we learn more about how the developing brain heals, science is showing that repeated concussions or returning to practice or play without fully recovering from a concussion can cause life changing, long-term effects and in some cases, death for the youth athlete. Children start playing organized sports at a young age; through their local recreation departments, YMCA's, select leagues, and other non-school related groups; To provide concussion education to the volunteer coaches, parents and athletes at this age level will certainly provide a stable educational foundation which will only be expanded upon as they progress through higher levels of play.

The Brain Injury Association of Wisconsin supports Assembly Bill 259 and would like to see it passed into law. Thank you for your time and consideration of this important issue.

Sincerely,

Lori Schultz, CBIS
Director of Programs and Services

Wisconsin Assembly • Committee on Education
Testimony in support of Assembly Bill 259 (2011)
4 October 2011

To the Members of the Committee on Education:

I am Dr Dipesh Navsaria, and I am a Wisconsin pediatrician. I am also a member of the board of directors of the Wisconsin Chapter of the American Academy of Pediatrics, and am speaking today on behalf of the Chapter.

The Chapter supports Assembly Bill 259, relating to concussions and other head injuries sustained in youth athletic activities.

As many of you are aware, the number of traumatic brain injuries (which includes concussions) in youth athletes is on the rise and has gained more public awareness in recent years. Complete and accurate education on prevention and identification of concussions is critical for health care providers, coaches, athletes, parents and guardians in order to protect both the short- *and* long-term health of the athletes. While there may be various health care providers and athletic trainers participating in the assessment and treatment of concussions, only a qualified health care professional trained in concussion management should be able to make the decision to approve the athlete back into eligibility.

As a general pediatrician, I have seen the increasing complexity of concussion management as well as the subtle signs of ongoing brain dysfunction that are often not revealed except through detailed evaluation and testing. I recall a concussed adolescent who I saw at a Wisconsin summer camp this year who was having daily symptoms and was finally sent home — her brain injury had occurred prior to camp beginning, but despite her being "cleared" by her physician, she was still clearly not ready and may have delayed her overall recovery.

While I am pleased to see greater caution and awareness on the part of many individuals, we still see situations where youth athletes are pressured to return to play before it is safe. This pressure can come from parents, coaches and others, including the athlete themselves. Athletes must not return to play on the day of injury, and definitely not if there are any symptoms appearing at any time. Cognitive and physical rest is imperative until symptoms have cleared, and the understanding and cooperation of teachers and school administrators is imperative. Recovery time is unique to each student and is unpredictable.

Accordingly, the Wisconsin Chapter of the American Academy of Pediatrics supports state legislation that would require that children and adolescents participating in any and all organized sports activities who have symptoms consistent with concussion cannot return to play or practice without written permission from a health care professional trained properly in concussion assessment, identification and management. Furthermore, we urge the education of health care professionals, parents, children, adolescents and athletic coaches participating in any and all organized sports activities on the risks involved.

Thank you.

Respectfully submitted.

Dipesh Navsaria, MPH, MSLIS, MD
on behalf of the Wisconsin Chapter of the American Academy of Pediatrics
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American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Wisconsin Chapter | **POSITION STATEMENT**

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Sports-Related Concussion in Children and Adolescents

Background:

The number of traumatic brain injuries (TBIs, or "concussions") in youth athletes is on the rise and in the news. Complete and accurate education on prevention and identification of concussions is critical information for coaches, athletes, parents and guardians in order to best protect the athletes' short- and long-term health. Though many health care providers and athletic trainers may participate in the assessment and treatment of concussions, only a qualified health care professional trained in concussion management should be able to approve the athlete back into eligibility.

Statistics from the Center for Disease Control taken from 2001-2005 confirm:

1. The highest rates of Sports and Recreation (SR) - related traumatic brain injury visits in emergency departments for both males and females occur among those aged 10-14, followed by those aged 15-19.
2. Children aged 5-18 years of age accounted for 5.6% of all SR injuries, and TBIs accounted for approximately 17.9% of SR-related hospitalizations.
3. Almost a half a million (473,947) emergency department visits for TBI are made annually by children aged 0 to 14 years.
4. Concussions represent a reported 8.9% of all high school athletic injuries

Anticipatory Guidance and Education

The increased identification of TBIs and emerging understanding of the long-term implications of concussion management should define the best practices of youth athletic activities in schools. Education should target all the key individuals involved, including athletes, parents, coaches, school administrators, athletic directors, teachers, athletic trainers, physicians, and other health care providers.

Athletes should not, even if symptoms clear, return to play the day of the injury, and never return if symptoms appear either at rest or with exertion. Post-concussion, athletes should rest, cognitively and physically, until symptoms have resolved both at rest and with exertion, and it is critical that school administrators and teachers work with the student to minimize workloads until the student is cleared by a licensed physician. Recovery time from athlete to athlete, injury to injury, is unique and unpredictable. The more rest, the shorter the recovery time.

Any child or adolescent athlete suspected of suffering a concussion should be evaluated by a qualified health care professional trained in the assessment and management of sports-related concussions. Athletes should not return to practice or play until the qualified health care professional provides written clearance.

Approved by the WIAAP Board of Directors | Last Revised September 28, 2011
Author: David T. Bernhardt, MD, FAAP

For these reasons, the Wisconsin Chapter of the American Academy of Pediatrics (WIAAP) supports state legislation that would require that children and adolescents participating in any and all organized sports activities who have symptoms consistent with concussion cannot return to play or practice without written permission from a health care professional trained properly in concussion assessment, identification and management.

WIAAP urges the education of health care professionals, parents, children, adolescents and athletic coaches participating in any and all organized sports activities on the risks and management of traumatic brain injuries.

RESOURCES:

CLINICAL REPORT: SPORTS-RELATED CONCUSSION IN CHILDREN AND ADOLESCENTS
http://aappolicy.aappublications.org/cgi/content/full/pediatrics;126/3/597#B1

PEDIATRIC SPORT-RELATED CONCUSSION
http://pediatrics.aappublications.org/content/117/4/1359.full

STATE OF ALABAMA BILL
http://alisondb.legislature.state.al.us/acas/SearchableInstruments/2011RS/PrintFiles/HB108-enr.pdf

AMERICAN ACADEMY OF NEUROLOGY POSITION STATEMENT
http://www.aan.com/globals/axon/assets/7913.pdf

CENTERS FOR DISEASE CONTROL
http://www.cdc.gov/TraumaticBrainInjury/index.html

WISCONSIN ASSEMBLY BILL 259
https://docs.legis.wisconsin.gov/2011/related/proposals/ab259.pdf

JOURNAL OF CLINICAL NEUROSCIENCE: CONSENSUS STATEMENT ON CONCUSSION IN SPORT
http://sportconcussions.com/html/Zurich%20Statement.pdf

NATIONAL ATHLETIC TRAINERS' ASSOCIATION POSITION STATEMENT: MANAGEMENT OF SPORT-RELATED CONCUSSION
http://www.nata.org/sites/default/files/MgmtOfSportRelatedConcussion.pdf

Wisconsin Medical Society

Your Doctor. Your Health.

TO: Assembly Committee on Education
Representative Steve Kestell, Chair

FROM: Mark Grapentine, JD
Senior Vice President - Government Relations

DATE: October 4, 2011

RE: Support for Assembly Bill 259

On behalf of more than 12,000 members statewide, the Wisconsin Medical Society thanks the committee for this opportunity to share our support for Assembly Bill 259, which starts to address the problem of youth concussions and other head injuries sustained in youth athletic activities.

The Society is pleased state policymakers are working to address this very important safety issue, and thanks Rep. Jason Fields and Sen. Alberta Darling for their leadership in working to protect our state's young athletes. The State Legislature's efforts are also timely, as the Society created a new policy on this exact issue at the last meeting of our annual House of Delegates. After introduction and debate in April 2011, the Society's policy-making body passed the following policy:

> SPO-005
>
> **Concussions in Youth Sports**
> The Wisconsin Medical Society supports state legislation that would require that children and adolescents participating in any and all organized sports activities who have symptoms consistent with concussion cannot return to play or practice without written permission from a properly-trained health care professional.
>
> The Wisconsin Medical Society supports local and statewide efforts that would increase concussion education for health care professionals, parents, children, adolescents, and athletic coaches participating in any and all organized sports activities. (HOD, 0411)

Concussions are brain injuries. Increasing evidence suggests that athletes who return to play in sports prior to proper healing after a concussion are at risk for negative long-term outcomes, including chronic traumatic encephalopathy (a form of degenerative brain damage), amyotrophic lateral sclerosis, and depression. The stakes are particularly high for youth athletes who are more susceptible to damaging effects of brain injuries and also take more time to heal. These problems can affect youth into adulthood.

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The Wisconsin Interscholastic Athletic Association (WIAA) has excellent guidelines (http://www.wiaawi.org/publications/medicalproceduresguide.pdf) suggesting high school athletes injured and suffering unconsciousness or concussion symptoms should not return to competition the same day without a physician's written permission, and should not return to play until cleared by a physician or licensed athletic trainer. These guideless suggest that any high school child athlete suspected of having a concussion should be evaluated by a qualified health care professional who is trained in the assessment and management of sports-related concussions.

While we commend the WIAA for its thorough concussions-related guidelines, the Society believes state legislation is required to ensure an athlete suffering from a possible concussion is properly evaluated by a well-educated and properly-trained health care professional. While the WIAA policy covers high school athletes, many children younger than high-school aged participate in many sports prone to concussions. And as we learn more about the long-term effects of concussions, addressing the problem now deserves the force of law rather than mere guidelines.

National and local media have recently made us all more aware of the severe consequences that can arise when athletes suffering from concussions return to play too soon. While Assembly Bill 259 will not prevent all minor athletes from suffering a concussion during a sporting event, the Society is hopeful the bill is a good step toward wider awareness among the athlete, coaching, parenting and health care communities. We urge the Wisconsin State Legislature to make concussion legislation a priority this session.

Thank you again for this opportunity to share the Society's support for AB 259. If you have questions about this or other issues, please feel free to contact the Society at any time.

739 Teachers/Coaches
Less than 2 doz parents
have taken On-line education

Unreported Concussion in High School Football Players

Implications for Prevention

Michael McCrea, PhD, Thomas Hammeke, PhD, Gary Olsen, MS, Peter Leo, BS, and Kevin Guskiewicz, ATC, PhD

Objective: To investigate the frequency of unreported concussion and estimate more accurately the overall rate of concussion in high school football players.

Design: Retrospective, confidential survey completed by all subjects at the end of the football season.

2004

Setting and Participants: A total of 1,532 varsity football players from 20 high schools in the Milwaukee, Wisconsin, area were surveyed.

Main Outcome Measurements: The structured survey assessed (1) number of concussions before the current season, (2) number of concussions sustained during the current season, (3) whether concussion during the current season was reported, (4) to whom concussion was reported, and (5) reasons for not reporting concussion.

Results: Of respondents, 29.9% reported a previous history of concussion, and 15.3% reported sustaining a concussion during the current football season; of those, 47.3% reported their injury. Concussions were reported most frequently to a certified athletic trainer (76.7% of reported injuries). The most common reasons for concussion not being reported included a player not thinking the injury was serious enough to warrant medical attention (66.4% of unreported injuries), motivation not to be withheld from competition (41.0%), and lack of awareness of probable concussion (36.1%).

Conclusions: These findings reflect a higher prevalence of concussion in high school football players than previously reported in the literature. The ultimate concern associated with unreported concussion is an athlete's increased risk of cumulative or catastrophic effects from recurrent injury. Future prevention initiatives should focus on education to improve athlete awareness of the signs of concussion and potential risks of unreported injury.

Key Words: brain concussion, head injury, athletic injuries.

(*Clin J Sport Med* 2004;14:13–17)

Sports-related concussion is now recognized as a major public health concern[1] and has become the focus of increasing interest from clinicians and researchers in sports medicine.[2] The retirement of several high-profile professional athletes due to recurrent cerebral concussion has created an increased awareness of the dangers and potentially long-term sequelae associated with concussion. The volume of athletes participating in organized sports at the high school level creates an even greater concern about the potential effects of concussion in young sports participants.

The Centers for Disease Control and Prevention estimate that approximately 300,000 sports-related concussions occur annually in the United States.[1] The high incidence of cerebral concussion in contact sports is well documented, but has been studied most extensively in organized football.[3] Concussion incidence rates in high school football were estimated to be 20%[4] in the 1980s, but more recent studies have reported incident rates of 3–6%.[3,5–7] There is a general consensus among sports medicine professionals, however, that the rate of concussion in contact and collision sports is higher than the incidence of recorded injuries.

The diagnosis of sports-related concussion is perhaps the most elusive challenge facing sports medicine clinicians. There is no biologic marker for the detection of concussion or any diagnostic tests with perfect sensitivity and specificity. The detection and diagnosis of concussion on the sports sideline are complicated further by a player's tendency to underreport or mask symptoms in anticipation of a more rapid return

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Reprints: Michael McCrea, PhD, Neuroscience Center, Waukesha Memorial Hospital, 721 American Avenue, Suite 501, Waukesha, WI 53188 (e-mail: michael.mccrea@phci.org).

to play. The potential consequences of returning to contact or collision sports while still symptomatic from an initial concussion can be catastrophic,[8–10] which amplifies concern about the risks associated with a player's continued participation after an unreported concussion. Some authors have raised concerns, however, that athletes themselves may not be sufficiently aware of the signs, symptoms, and potential effects of concussion.[11,12] Studies have reported on the link between a lack of knowledge about the potential consequences from head injury, failure to recognize concussion signs and symptoms, and the likelihood that athletes continue sports participation while experiencing head injury symptoms, especially among football players.[13]

The current study was designed to investigate the frequency of unreported concussion among high school football players to estimate more accurately the overall prevalence of concussion in high school football players. In addition, reasons that players did not report concussive events were surveyed to formulate better recommendations for injury prevention strategies. The main objectives of prevention initiatives are to increase a player's likelihood of reporting a concussion and to reduce the risks of recurrent or catastrophic injury associated with unreported head injury.

MATERIALS AND METHODS

A total of 1,532 varsity football players from 20 high schools in the Milwaukee, Wisconsin, area were surveyed as part of their enrollment in a larger study investigating the acute effects and recovery following sports-related concussion. All players completed a questionnaire on history and frequency of previous concussion at the time of their initial enrollment in the study.

Players were then administered a confidential questionnaire at the end of the football season (Appendix A). Specifically, players were asked to report on the number of concussions sustained before the current football season. Players also were asked whether they had sustained a concussion as part of participation during the current football season. Players were provided the following definition and description to determine whether they had sustained a concussion: A concussion is a blow to the head followed by a variety of symptoms that may include any of the following: headache, dizziness, loss of balance, blurred vision, "seeing stars," feeling in a fog or slowed down, memory problems, poor concentration, nausea, or throwing up. Getting "knocked out" or being unconscious does *not* always occur with a concussion.[14,15] The questionnaire and definition of concussion were not based on any specific injury classification system or concussion grading scale, but were intended to provide respondents with a representative description of concussion signs and symptoms.

Players were asked whether they had reported their injury and to whom it was reported. The following options were provided, and players were informed that they should identify all individuals to whom they reported their concussion: athletic trainer, coach, parent, teammate, or other party. The reasons why a player did not report a concussion also were surveyed. Players could select one or more reasons for not reporting their concussion from the following: didn't think it was serious enough, didn't know it was a concussion, didn't want to be pulled out of the game or practice, didn't want to let down teammates, or other reason. A total of 92.3% (n = 1,532) of all players enrolled (n = 1,659) during the preseason baseline testing responded to the postseason questionnaire. This study was approved by the institutional review board for the protection of human research subjects at the host institutions of the investigators.

Descriptive statistics were calculated to determine the rates of reported and unreported concussion and frequency distributions for other variables. κ values were calculated from cross-tabulations to determine respondent agreement on preseason and postseason surveys regarding reported concussion history. χ^2 analyses were conducted to investigate factors associated with the likelihood of a player reporting a concussive injury during the current season.

RESULTS

Overall, 30.4% and 29.9% of respondents reported a previous history of concussion on the preseason and postseason survey, respectively. Preseason and postseason survey data on concussion history were highly reliable (92.1% respondent agreement; $\kappa = 0.821$, $P < 0.0001$). Of respondents who reported a previous history of concussion, the frequency distributions for the number of previous concussions reported on the preseason and postseason surveys are illustrated in Figure 1.

A total of 229 players (15.3% of respondents) reported that they sustained a concussion, as defined by the postseason

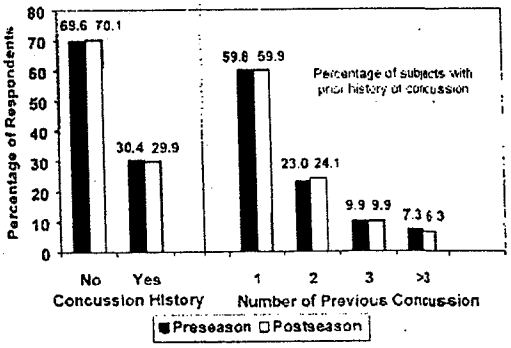

FIGURE 1. Reported history and frequency of previous concussions on preseason and postseason survey. *Notes*: Preseason survey n = 1,659; postseason survey n = 1,532 (92.3% response rate). Figures for number of previous concussion are based only on subjects who reported a history of concussion (preseason n = 505; postseason n = 458). There was 92.1% respondent agreement in reported history of concussion on preseason and postseason surveys ($\kappa = 0.814$; $P < 0.0001$).

survey, during the current football season. Of the respondents who reported sustaining a concussion during the football season, only 47.3% reported the event. Injured players who reported their concussion most commonly did so to a certified athletic trainer providing clinical coverage to the varsity football team at their school. Injuries were reported less frequently to coaching staff, parents, teammates, or other parties. The frequency distribution for injury reporting is provided in Table 1.

The most common reason for a concussion not being reported was that the injured player did not think it was serious enough to warrant medical attention. A player's motivation not to be withheld from participation and a lack of knowledge regarding the signs of concussion were common, but less frequent, factors contributing to a player not reporting an injury. The frequency distribution for reasons why concussions were not reported is provided in Table 2. There was no significant relationship between a player's prior history of concussion ($\chi^2 = 0.10$; $P = 0.43$) or number of previous concussions ($\chi^2 = 10.03$; $P = 0.19$) and the likelihood of reporting a concussive injury during the current football season.

DISCUSSION

Concussion at all levels of competitive football is considered by sports medicine professionals and players alike as a relatively common occurrence. More recent studies have suggested a significant decline in the rate of reported concussions relative to studies reported in the 1980s,[3,4,7] but most agree that published studies likely underestimate the overall rate of concussion for athletes participating in contact or collision sports. Results from the current study examining reported and unreported concussion reflect a higher prevalence of concussion among high school football players than that reported in prospective studies that focused on assessment of reported injuries only.[5,16] Taking into consideration the frequency of unreported concussions, the current study suggests that closer to 15% of high school football players sustain a concussion each season.

TABLE 1. Concussion Reporting Data*

Concussion Reported to:	Percentage of Subjects
Certified athletic trainer	76.7
Coach	38.8
Parent	35.9
Teammate	27.2
Other (eg, family physician, student)	11.7

*Categories are not mutually exclusive; subjects were asked to check all that apply.

TABLE 2. Reasons Why Concussions not Reported*

Why Concussion not Reported	Percentage of Subjects
Did not think it was serious enough	66.4
Did not want to leave the game	41.0
Did not know it was a concussion	36.1
Did not want to let down teammates	22.1
Other reasons	9.8

*Categories are not mutually exclusive; subjects were asked to check all that apply.

Players who fail to report a probable concussion while participating in contact or collision sports expose themselves to a heightened risk for cumulative or more serious effects associated with a second injury if they continue to participate while still symptomatic following their initial concussion. The ultimate concern in this regard is the potential for catastrophic events associated with sports-related concussion, such as "second impact syndrome."[8–10] Second impact syndrome occurs when an athlete sustains a second concussion while still symptomatic from an earlier head injury. A rapid course of neurologic deterioration is observed, typically without opportunity for medical intervention to reverse the complications, culminating in death or severe disability. Most instances of documented second impact syndrome stem from either a player not reporting an initial concussion or a reported injury being improperly assessed and managed. An athlete's awareness of signs of injury and willingness to provide a valid symptom report are crucial to the sports medicine professional's ability to diagnose and manage sports concussion.[13]

Our results indicating that high school football players often do not report a probable concussion because they do not think it is sufficiently serious was unexpected based on historical stereotypes. It has long been thought that football players were reluctant to report a concussion based solely on competitive factors—their motivation not to be withheld from competition. The current survey results suggest, however, that lack of knowledge related to the risks and potential consequences of concussion play an equal or greater role in high school football players not reporting a probable concussion. The most common reason for an injury not being reported was that the player did not think the injury was serious enough to warrant medical attention. More than one third of players who failed to report their injury did not recognize that they had sustained a probable concussion based on their symptoms. When provided with a definition of concussion and a description of injury signs and symptoms, these players more readily recognized and admitted to sustaining a concussion over the course of the football season.

These findings indicate the need for educational initiatives to inform young athletes of the effects and potential consequences of concussion, which likely would have implications for preventing negative outcomes associated with sports concussion, including second impact syndrome.[8–10] Preparticipation meetings could be offered to educate athletes, parents, coaches, and others affiliated with athletic programs on the signs and symptoms of concussion and to dispel many of the myths about head injury (eg, that one must be rendered unconscious to have sustained a concussion). Multimedia (eg, instructional videos, interactive classroom presentations, Web-based programs) approaches also could be used to disseminate information on concussion management. Ultimately the efficacy of educational programs in reducing the rate of recurrent concussion and negative clinical outcomes should be evaluated in controlled studies.

These survey results indicate that certified athletic trainers are the professionals most frequently called on to evaluate and manage concussion in high school football players. These injuries rarely were reported directly to a team or family physician. Even parents were less likely than the certified athletic trainer to learn of the player's concussion. These data support the need for a systematic plan for injury reporting and management that incorporates trained sports medicine professionals. Advances in the education and training of physicians, certified athletic trainers, and other sports medicine professionals are critical to improve the standard of care in concussion assessment and management.

Our results are limited by many factors inherent to survey research. We assumed a valid response from players based on their retrospective recount of concussive injuries during a period of approximately 3 months before the survey administration. The consistency in previous concussion history and frequency demonstrated on preseason and postseason surveys supports the reliability and accuracy of player self-reports. Their recollection of why an injury was not reported also may be altered from the actual experience of injury during a sporting event. The definition of concussion implemented in this study was meant to be descriptive to the athlete, while addressing the main signs and symptoms addressed by various systems for classifying severity of sports concussion.[14,17–19] Recent definitions are more inclusive in terms of mechanisms that potentially can cause concussion and the scope of signs and symptoms.[20] It is unclear how our results may have been affected if a different description and definition of concussion were offered to respondents. Despite these limitations, our findings raise significant concerns about the actual prevalence of concussion in high school football players and the propensity on the part of athletes not to report a probable concussion. Obtaining prospective data on unreported injuries, whether concussion or other forms of injury, is often difficult to accomplish. We intend to compare self-report survey results with more objective injury surveillance data as part of other ongoing sports concussion studies to determine better the gap between identified and unidentified concussion in competitive sports.

SUMMARY

These findings support the suspicion by sports medicine professionals that the prevalence of concussion in high school football is higher than that documented in the literature. Players seem to be largely unaware of common signs and symptoms indicating concussion and the potential seriousness of continued participation in contact or collision sports after an initial concussion. Future prevention initiatives should focus on education to increase athlete awareness of concussion and its risks and promotion of open lines of injury report.

ACKNOWLEDGMENTS

The authors thank the certified athletic trainers who assisted in coordination of data collection at each participating institution. The authors also thank all the players and their coaches for their participation in the study.

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Appendix A. Questionnaire

Varsity Football Players: Please fill in the following information. Your answers are completely private. Please print clearly.

Name: _____ School: _____
Age: _____ Year in School: _____

USE THE FOLLOWING DEFINITION OF CONCUSSION TO ANSWER THE QUESTIONS BELOW

- **Definition of Concussion**: *A concussion is a blow to the head followed by a variety of symptoms that may include any of the following: headache, dizziness, loss of balance, blurred vision, "seeing stars," feeling in a fog or slowed down, memory problems, poor concentration, nausea, or throwing-up. Getting "knocked out" or being unconscious does NOT always occur with a concussion.*

1. Did you ever have a concussion before this football season?

_____ Yes ➔ How many concussions before this football season? _____
_____ No

2. How many times total before this football season were you "knocked out" or unconscious from a concussion? _____

NOW TELL US ABOUT THIS FOOTBALL SEASON:

1. Did you have any concussions playing football this season? *(Check "Yes" if you think you might have had a concussion -- even if you did not tell anyone)*

_____ Yes ➔ How many concussions do you think you had this football season? _____ (go to #2)

_____ No (If No, stop here; You are done with questionnaire)

2. Did you report your concussion to anyone?

_____ Yes (go to #2a below)

_____ No (go to #3 below)

2a. To whom did you report your concussion? (check all that apply):

____Athletic Trainer ____Coach ____Parent ____Teammate

____Other (who?)_____

3. If you did not report your concussion to anyone, why not? (check all that apply)

Didn't think it was serious enough _____ Didn't know it was a concussion

_____ Didn't want to be pulled out of the game or practice _____ Didn't want to let down teammates

_____ Other (why?): _____

disabilityrights | WISCONSIN

To: Chair Representative Kestell, Vice-Chair Representative Marklein, and other members of the Assembly Committee on Education

From: Jodi Hanna, Attorney, Disability Rights Wisconsin, Protection and Advocacy Traumatic Brain Injury Coordinator

Date: October 5, 2011

Subject: **DRW Supports AB 259**

Disability Rights Wisconsin (DRW) supports Assembly Bill 259, which educates and raises awareness and prevention of concussion and brain injury in youth athletes.

Disability Rights Wisconsin provides education, technical assistance, and individual and systems advocacy to people with traumatic brain injuries. We see the long-term effects of unrecognized and untreated brain injuries. We know that education and prevention are vital. Professional and college sports are beginning to prevent and treat the damage that concussion and head injury can do to adult athletes. We need to join other states such as Ohio, Texas and Colorado to seek to do the same for our youth athletes, who are more vulnerable to long-term damage because their brains are still developing.

This bill will increase awareness of concussion and head injury for coaches, parents and youth athletes. It will also ensure that youth athletes do not return to play before healing from an injury. Research shows that repeated concussions can cause significant permanent damage.

We encourage use of educational materials that have already been developed by the brain injury community, such as the Brain Injury Association of Wisconsin's Smart Play Wisconsin: Statewide Health Initiative on Concussion Education and Prevention at: http://www.biaw.org/_literature_87416/Play_Smart_WI_packet

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Dear Assembly Members,

My name is Dr. Carmen Liebelt and I am a physical therapist working in rural Wisconsin at the Black River Memorial Hospital. I am writing today to express my concern about the 2011 Assembly Bill 259 with regards to the definition of "health care providers" and who is included in this group of individuals. I strongly believe that physical therapists should be included in this grouping. At Black River Memorial Hospital the concussion management is conducted by physical therapists working in conjunction with our local family physicians. Although concussion management is well within the scope of practice for a physical therapist as listed in the Guide to Physical Therapy Practice, we as physical therapists at Black River Memorial Hospital have received additional training in concussion management and emergency medical care to best care for our athletes. The team of therapists are responsible for the pre-season Impact testing to achieve baseline data on our athletes, which is funded through community fund raisers and donations from the hospital volunteer group, we are present on the field for injury management and early concussion intervention and education, and we also conduct the physical return to play testing before the athlete returns to their individual sport. The ImPact testing and return to play sessions are of no cost to the athletes and their families, it is our hospital's commitment of keeping our community safe that makes this all possible. We also provide concussion management for neighboring school districts. The staff of physical therapists is also responsible for the continued education of the community, athletes, coaches and local physicians. With tough economic times for both the families of athletes and our school districts, the exclusion of physical therapists from this bill could prove detrimental to the health and safety of our local athletes in this community. The long term detriments to poorly managed concussions are numerous and may even result in severe brain damage or death of an athlete, I do not feel that it is beneficial to limit those who are trained in concussion management and practicing well within their professional scope of practice to be eliminated from this bill.

Thank you for your time and consideration,

Carmen A. Liebelt PT, DPT, WCC, DWC

Black River Memorial Hospital

Rehabilitation Services